

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

34341
State File No. 8678
Registrar's No.

Registration District No. 948

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute St. Louis City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community years, months or days

3. (a) PRINT FULL NAME William Patrick Kennedy

3. (b) If veteran, name war None 3. (c) Social Security No. 498-07-5131

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy Kennedy 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased November 20 1901 (Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 14 If less than one day hr. min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Steam fitter

11. Industry or business

12. Name John Kennedy 13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Marie Lee
15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Daisy Kennedy (b) Address 522 North Vandeventer Ave.
17. (a) Burial (b) Date thereof 10/7/48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Albert H. Hoppe (b) Address 4700 Washington Blvd.
19. (a) OCT 5 1948 (b) J. B. Sauter (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 522 North Vandeventer Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1948 hour 3:14 minute A M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull; Laceration of brain; when the lights of an oncoming automobile (driver unknown) blinded Lawrence Callanan, driver of an automobile in which the deceased was a passenger, causing it to leave the pavement on a curve, striking a tree and a home in the vicinity of 9021 Riverview Drive, around 3:14 A.M., October 4, 1948.

Major findings: Of operations Of autopsy

22. If death was due to external causes, fill in the following: Accident aoc
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10-4-1948
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place

While at work? NO (Specify type of place)
Means of injury see above
23. Signature Patrick E. Taylor, M.D. (Signature) (Date) 10-5-48
Address 1300 Clark Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Robert J. Lapp*

Licensed Embalmer No. *2971*

P. O. Address..... *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.